BEHAVIORAL HEALTH COUNCIL WORK GROUP
July 19, 2012

ATTENDANCE: **Joint Council** - Sarah Burns, Chair; Sue Diehl, Vice Chair; T.E. Arthur, Coordinator; Cynthia Petion, MHA; **State Drug and Alcohol Council (SDAAC)** - Kathleen O'Brien, Walden Sierra and Lori Brewster, Wicomico County (who joined the meeting by telephone); **Staff** - Eugenia Conolly, ADAA; Barbara Hull Francis, State's Attorney General's Office; Robin Poponne and Greta Carter, MHA Office of Planning and Evaluation; Sudha Sarode, MHA

Cynthia Petion gave a summary of the various merging efforts that were taking place between MHA and ADAA and how the two Councils coming together was a part of that process as well as the need to meet federal guidelines that would require the two Councils to work in concert for future endeavors. The impetus for today's meeting began with discussions held during the Joint Council's retreat in October, 2011. With continued encouragement from Joint Council leadership and continued momentum during a meeting with Renata Henry and support staff from both Councils, a matrix was developed which cross walked activities, membership, and statute/mandates for both Councils.

The purpose of this work group, which met today for the first time is to:

- Clarify what a Behavioral Health Council should look like
- Eliminate duplication in design/structure and in membership
- Define a model to present to both Councils
- Repeal prior state statutes and replace with statute that would delineate the parameters for one Behavioral Health Council

Although other states have reported on various methods of bringing their councils together, the consensus within this group so far was to investigate creating an integrated council rather than simply combining the two entities.

There were also discussions of the roles and duties of each Council which led to a discussion of strengths that both groups would like to maintain such as:

- Planning remaining a significant part of the duties of this council (input into planning documents, block grant, etc.
- The intention of the Councils to represent the interests of people statewide
- Policy and practice – individuals represented who have the experience of utilizing the services; voices of experience 'heard"
- Diversity of membership (some members serve on both Councils)

- Significant source of information
- Access and coordination of efforts which strengthen advocacy

Strengths of SDAAC

- Coordination of entities who impact funding/budget of substance abuse services/initiatives
- Council members actually produce the planning document
- Effective use of committees to further agenda and task accomplishments between meetings
- Participation of local affiliates and non-profits

Strengths of Joint Council

- Broad depth of representation on Council
- Broad advocacy and results reported through "other hats", unified testimony to legislators about MHA budget
- Connection to policy-makers felt through MHA Executive Director, MHA staff, who then provide connection to DHMH Secretary, etc. Ability to use this connection to set agenda
- State agency representation
- Leadership chosen by Council members, not by MHA or DHMH; leadership not state employees

Concerns and questions for further discussion

- Membership – who and appointed how? What entities impact parts of the system? – Governor-appointed means maintaining some sphere of influence
- Should Council be lobbying or advocating? – Some say yes because advising the Governor and testifying in front of legislators who make the budget are key functions
- The Joint Council meets monthly while the SDAAC meets only four times a year
- Council should include a more public health focus and not focus mainly on area of illness or disorders – somatic health inclusion, i.e. representative from Cancer Council, etc.
- Pros and cons of having Secretary as Chair – bias, barrier, or benefit (certainly incorporates the public health component)
- Who would the Council be advising, to whom would the Council report? – Governor, Secretary, Behavioral Health Secretary/Executive Director?
- Regional influences – representation across the State, meeting at various sites and use of video conferencing
- More involvement of local councils

Next step:

There were some difficulties within the discussion of separating role versus duties. The group decided to first define the "role" of the Council. Based on the language from SDAAC's HB 219 and the Joint Council's By-laws, Work Group members will take the best of both and create a draft "mission/role statement" for a Behavioral Health Council. All ideas are to be sent to Eugenia Connelly and Cynthia Petion/Robin Poponne. Combined statement will be presented at the next Work Group meeting to take place on September 13th from 10 am to noon.